

Oregon Individual Income Tax Return

Form 40S SHORT FORM

2000

FULL-YEAR RESIDENTS ONLY

For office use only

Date received

Last name		First name and initial		Enter your Social Security No. (SSN) - -		Birth year		For office use only
Spouse's last name if different and joint return		Spouse's first name and initial if joint return		Enter spouse's SSN, if joint return - -		Spouse's birth year		
Current mailing address				Telephone number ()				2
City		State	ZIP code		If you filed a return in 1999, and this address is different, check here <input type="checkbox"/>			3

Filing Status Check only one box	1 <input type="checkbox"/> Single	Exemptions Regular Severely disabled 6a Yourself <input type="checkbox"/> <input type="checkbox"/> 6b Spouse <input type="checkbox"/> <input type="checkbox"/> 6c All dependents (First names) ● c <input type="checkbox"/> 6d Disabled children only (First names) ● d <input type="checkbox"/> Total ● 6e <input type="checkbox"/>	Total	
	2 <input type="checkbox"/> Married filing jointly		6a <input type="checkbox"/>	<input type="checkbox"/>
	3 <input type="checkbox"/> Married filing separately _____ (Spouse's name) _____ (Spouse's Social Security number)		b <input type="checkbox"/>	<input type="checkbox"/>
	4 <input type="checkbox"/> Head of household _____ (Person who qualifies you)		c <input type="checkbox"/>	<input type="checkbox"/>
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child		d <input type="checkbox"/>	<input type="checkbox"/>

7 Check if: You were: 65 or older Blind If someone else can claim you as a dependent, check here Check if you filed an extension Check here to donate your kicker refund to the School Fund ●

Spouse was: 65 or older Blind

Staple W-2 wage slips here

8 Wages, salaries, tips, commissions, and other pay for work	● 8	<input type="text"/>	<input type="text"/>	<input type="text"/>
9 Interest: 9a _____ plus Dividends: 9b _____	● 9	<input type="text"/>	<input type="text"/>	<input type="text"/>
10 Unemployment compensation. See instructions, page 9	● 10	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 Total income. Add lines 8 through 10			11	<input type="text"/>
12 2000 federal tax liability. (\$0 - \$3,000, see instructions for the correct amount)	● 12	<input type="text"/>	<input type="text"/>	<input type="text"/>
13 Standard deduction from the back of this form	13	<input type="text"/>	<input type="text"/>	<input type="text"/>
14 Add lines 12 and 13			14	<input type="text"/>
15 Oregon taxable income. Line 11 minus line 14. If line 14 is more than line 11, fill in -0-	● 15	<input type="text"/>	● 15	<input type="text"/>
16 Tax from tables, pages 21 through 23	● 16	<input type="text"/>	● 16	<input type="text"/>
17 EXEMPTION CREDIT. Multiply your total exemptions on line 6e by \$139	17	<input type="text"/>	<input type="text"/>	<input type="text"/>
18 Earned income credit. See instructions, page 10	● 18	<input type="text"/>	<input type="text"/>	<input type="text"/>
19 Working family credit. See instructions, page 10	● 19	<input type="text"/>	<input type="text"/>	<input type="text"/>
20 Child and dependent care credit. See instructions, page 10	● 20	<input type="text"/>	<input type="text"/>	<input type="text"/>
21 Other credits (see instructions). Identify _____	● 21	<input type="text"/>	<input type="text"/>	<input type="text"/>
22 Total credits. Add lines 17 through 21			22	<input type="text"/>
23 Net income tax. Line 16 minus line 22. If line 22 is more than line 16, fill in -0-	● 23	<input type="text"/>	● 23	<input type="text"/>
24 Oregon tax withheld from income. Attach your Form(s) W-2 and 1099	● 24	<input type="text"/>	<input type="text"/>	<input type="text"/>
25 REFUND. If line 24 is more than line 23, you have a refund. Line 24 minus line 23	● 25	<input type="text"/>	REFUND ● 25	<input type="text"/>
26 TAX-TO-PAY. If line 23 is more than line 24, you have tax to pay. Line 23 minus 24	● 26	<input type="text"/>	TAX-TO-PAY ● 26	<input type="text"/>

I wish to donate part of my tax refund to the following fund(s):

27 Oregon Nongame Wildlife	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	● 27	<input type="text"/>	<input type="text"/>	} These will reduce your refund
28 Child Abuse Prevention	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	● 28	<input type="text"/>	<input type="text"/>	
29 Alzheimer's Disease Research	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	● 29	<input type="text"/>	<input type="text"/>	
30 Stop Domestic & Sexual Violence	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	● 30	<input type="text"/>	<input type="text"/>	
31 AIDS/HIV Education and Services	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	● 31	<input type="text"/>	<input type="text"/>	
32 Other charity. Enter code ● _____	<input type="checkbox"/> \$1, <input type="checkbox"/> \$5, <input type="checkbox"/> \$10, <input type="checkbox"/> Other \$ _____	● 32	<input type="text"/>	<input type="text"/>	
33 Total donations. Add lines 27 through 32. Total can't be more than your refund on line 25			33	<input type="text"/>	
34 NET REFUND. Line 25 minus line 33. This is your net refund			NET REFUND 34	<input type="text"/>	

Under penalties for false swearing, I declare that I have examined this return, including accompanying schedules and statements. To the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

SIGN HERE	→ Your signature _____ Date _____	Signature of preparer other than taxpayer _____ License No. _____
	→ Spouse's signature (If filing jointly, BOTH must sign even if only one had income) _____	Address _____

Your standard deduction for line 13, Form 40S

Generally, your standard deduction is based on your filing status as follows:

Single	\$1,800
Married filing jointly	3,000
Married filing separately	1,500
Head of household	2,640
Qualifying widow(er)	3,000

If you can be claimed as a dependent on another person's return, your standard deduction is limited to the greater of:

1. Your earned income plus \$250, but no more than the maximum allowed for your filing status, as shown above, **or**
2. \$700.

This limit applies even if the other person can, but does not, claim you as a dependent on his or her return.

Age 65 or older, or blind:

Each taxpayer and each spouse who is age 65 or older is allowed an additional deduction amount. Each taxpayer and each spouse who is blind is also allowed an additional deduction amount. The additional amount is based on your filing status:

Single or Head of household—\$1,200
All others—\$1,000

Example. Alberto and Anna are filing a joint return. Alberto is 70 years old and blind. Anna is 68. Their standard deduction is figured as follows:

Married filing jointly	\$3,000
Plus amount due to Alberto's age	1,000
Plus amount due to Anna's age	1,000
Plus amount due to Alberto's blindness	<u>1,000</u>
Total standard deduction	<u>\$6,000</u>

Fill in your total standard deduction on Form 40S, line 13.

Make check or money order payable to **Oregon Department of Revenue.**
Write your Social Security number and **"2000 Form 40S"** on your payment.

Mail tax-to-pay returns to:

Oregon Department of Revenue
PO Box 14555
Salem OR 97309-0940

Mail refund and no tax due returns to:

Oregon Department of Revenue
PO Box 14700
Salem OR 97309-0930